

Rent-geared-to-income (RGI) housing is a type of housing assistance. Tenants in social housing communities who are eligible for RGI are able to pay about 30 percent of their income for rent. If you are eligible for RGI, your application will be placed on the centralized waitlist. This application form is only for Haldimand and Norfolk social housing communities.

**Instructions:**

1. Use this form if you are applying for rent-geared-to-income (RGI) housing in Haldimand County or Norfolk County in social housing properties.
2. You must fill out all sections of the application form. You will find information at the beginning of each section that explains what is needed.
3. Please have all people listed on the application who are 16 years of age and over:
  - a. Read and sign the Consent Declaration form on pages 10-12 of this application.
4. **You can complete the form online, but you must print and sign the form and return it to:**  
Haldimand Norfolk Centralized Waitlist  
c/o Housing Services  
Social Services & Housing Department  
12 Gilbertson Drive, PO Box 570  
Simcoe, ON N3Y 4N5  
  
Email: [housing@hnhss.ca](mailto:housing@hnhss.ca)  
Phone: 519-426-6170 or 905-318-6623 Ext. 3234 or 3235
5. **You may be asked for proof of any information you give in your application.**
6. **If you need help or have questions about completing the application, please contact the address or telephone number above**

**Reminder – All of these items need to be included with your application (copies only):**

1. Copy of most recent Income Tax Notice of Assessment (NOA) or Summary page filed with matching T4/T5's for all adult members of the household;
2. **Copy of Social Insurance Number for all members of the household;**
3. **Copy of Birth Certificate for all members of the household;**
4. **Proof of Canadian residency status for all members of the household if not born in Canada. (i.e. Passport, Citizenship card, Permanent Resident card);**
5. **Copy of bank statements for any/all bank accounts for two recent months. Ensure document includes both the account number and account holders name on the document;**
6. **Income verification, employment stubs or bank account activity for 2 months (i.e., OW, ODSP, employment, pensions);**
7. **Copy of custody and support documentation for members of the household, if applicable.**

**Tell us right away if you move or if your telephone number or email address changes. If we cannot contact you, we will be unable to offer you housing and you will be removed from the wait list. For more information about social housing go to: [www.hnhss.ca](http://www.hnhss.ca)**

**Please tear off this page and keep it for your records.**

## **Questions & Answers about Rent-Geared-to-Income Housing and Your Application:**

### **How are people chosen for housing?**

When your name gets to the top of the list. The list is kept in order of the date we receive your fully completed application.

### **How much rent can I expect to pay?**

Rent-geared-to-income housing is based on 30% of your household's gross monthly income. If you are receiving Ontario Works (OW) or Ontario Disability Support Program (ODSP), there is a social assistance rent scale. There may be extra charges for utilities depending on the location.

### **Can I choose where I want to live?**

Yes. The application form includes all the social housing locations. You can choose one or more. Your name will be added to the waiting list for each location, for which you are eligible. It is important to remember when offered: you are allowed 3 refusals in total, and after that you are no longer eligible and you will be taken off the wait list. You can ask for changes to your choices, contact a Housing Resource Coordinator to help you.

### **Do I get to choose the unit size I want?**

You can ask for the unit size you want to live in, but your choice will be subject to occupancy standards that apply to the size of your household.

### **How long will it take me to get a unit?**

The length of time before a unit becomes available depends on the locations you choose. It may take some time because of the low number of vacancies.

### **How do I know that my application has been received?**

Your application will be reviewed within 10 business days of receipt, to make sure it is complete. You will receive a written letter telling you whether it is complete or not.

You will receive an update once a year to confirm details from your application remain the same. Your name may be removed from the waiting list if we cannot reach you or you do not respond.

### **How will I be contacted for an offer?**

You will be contacted during the day by the housing provider with an offer for housing. It is very important to have a day-time contact telephone number. If you do not have a telephone or cannot be reached during the day, please provide a contact number for someone who is able to pass a message to you during the day.

### **How do I update or make changes to my application?**

Please contact a Housing Resource Coordinator at 519-426-6170 or 905-318-6623 Ext. 3234 or 3235 to help you make changes to your application.

Please tear off this page and keep it for your records.

For office use only:

Application Code:

Arrears:

## 1. Contact Information

Please provide your name and current contact information (mailing address). Tell us right away if your move or if your telephone number or email address changes. If we cannot contact you, we will be unable to offer you housing and you will be removed from the centralized waitlist.

Last name:

First name:

Date of Birth (D/M/Y):  Gender:

Social Insurance Number: (optional)

Street Address (mailing address):  Unit #:

City:  Province:  Postal Code:

Home Telephone  Work Telephone and Ext.

Cell Phone:  E-mail:

Preferred method of communication: (check all that apply):  Phone  E-mail  Letter

Alternate person to contact (name):

Phone Number:

I give permission for Haldimand Norfolk Housing Services to contact my Alternate Person about my application and offers for rent-geared-to-income housing.

## 2. Co-Applicant Contact Information

Last name:  First name:

Date of Birth (D/M/Y):  Gender:

Social Insurance Number: (optional)  Relationship to applicant:

Street Address:  Unit #:

City:  Province:  Postal Code:

Home Telephone  Work Telephone and Ext.

Cell Phone:  E-mail:

### 3. Household Information

Please provide information about all the adults and children who will live with you.

Last Name	First Name	Relationship to Applicant	Date of Birth DD/MM/YY	Gender	Social Insurance Number (optional)

Do all of the people listed currently live with you?  yes  no - if no, please give the following information:

Name of the person

Reason they are not living with you now

Current address of the person

Date they will start living with you

If more space is needed, please attach separate sheet.

Is any member of your household expecting a baby?  Yes  No Expected due date (DD/MM/YY):

### 4. Status in Canada

Were all the people in your household born in Canada?  yes  no

Please provide information for all the people in your household born outside of Canada. Indicate if the status in Canada is one of the following: Canadian Citizen, Landed Immigrant Status, Indigenous Status, Refugee Claimant, or Other.

Name	Date moved to Canada	Status in Canada	Is there a sponsorship agreement in place? <input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

## 5. Details about where you are living now

Please check all that apply:

- I rent my own place                       I split rent with a roommate  
 I rent a room only                       I own my own house  
 I am staying temporarily with friends or family (no place of my own) but may pay rent  
 I am staying in an emergency shelter (e.g. motel or hotel or Hambleton Hall)  
 I live on the street or outside  
 I am staying in a women's shelter (e.g. Haldimand Norfolk Women's Services)  
 Other (explain)

How much is your share of the monthly rent?

How much is your share of utilities?

Is your rent up-to-date where you currently live?  yes  no

Are you currently living in rent-geared-to-income (RGI) social housing?  yes  no

Do you owe past rent or other arrears from past RGI social housing?  yes  no

Is this rent amount subsidized (e.g. rent supplement, housing allowance, housing benefit)?  yes  no

Do you live in supportive housing?  yes  no

Present Landlord (name and phone number needed for eligibility review)

Name:

Phone Number:

How long have you lived at your current address (month/year)

Are you / have you been evicted?  yes  no

If yes, please provide date of eviction and attach notice:

## 6. Modified Housing Request

Do you need a modified unit (e.g. unit that is wheel chair accessible)?  yes  no

If you answered yes, you **must provide details of the medical need for the modified unit from a health care professional.** Please outline the unit modifications that you need to live independently.

## 7. Income Information

List **all** money you and the people who will be living with you receive. GST or Child Tax Credit should not be included as a source of income.

I receive a Housing Allowance or Portable Housing Benefit paid directly to me

I do not have any income

Name and type of business (if self-employed):

List of Income Sources	Gross Monthly total (before deductions)		
	Applicant	Co-Applicant	Others on Application
Employment (full time, part time, casual)	\$	\$	\$
Self-employment or business income	\$	\$	\$
Ontario Works (OW)	\$	\$	\$
Ontario Disability Support Program (ODSP)	\$	\$	\$
Employment Insurance (EI)	\$	\$	\$
Workplace Safety Insurance Board (WSIB)	\$	\$	\$
Old Age Security (OAS)	\$	\$	\$
Canada Pension Plan (CPP)	\$	\$	\$
Other pensions (e.g. company, private, foreign)	\$	\$	\$
Guaranteed Income Supplements (GIS)	\$	\$	\$
Child support and/or spousal support payments	\$	\$	\$
Student Grants	\$	\$	\$
Ontario Student Assistance Program (OSAP)	\$	\$	\$
Other, please specify:	\$	\$	\$

## 8. Asset Information

List ALL assets owned by you and all other people who will be living with you. Assets are things that you own, and may include:

- Bank accounts
- Term deposits, guaranteed investment certificates (GIC), savings bonds
- Mutual funds/bonds/savings certificates
- Registered Education Plans (RESP)
- Stocks, shares, securities
- Life insurance (cash surrender value)
- Collections or valuables, cash (over \$1000)
- Business assets (if you own your own business or are self-employed)
- Rent revenue
- Mortgage

I do not have any assets.

Person who owns the asset	Details of asset (type, account number, name of bank)	Value and/or account balance
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Does any person on in this application own property? (e.g. house, cottage, farm, land, mobile home, trailer, etc.)?

yes  no

If **yes**, please give the following information:

Type of property:

Assessed Value:

Location / Address:

Mortgage owing:

Have you or any person on this application transferred assets?

yes  no

If "Yes", indicate the:

Type of Property:

Location / Address:

Estimated value:  Date of Transfer:

## 9. Housing request

- Please refer to the Public Information Guide (on Housing website at [www.hnhss.ca](http://www.hnhss.ca)) for more detailed information about each social housing community.
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- The maximum number of bedrooms allowed is one bedroom per couple and one additional bedroom for each family member. You may choose units with only the maximum number of bedrooms for you and your family size, or you may choose bedrooms with fewer bedrooms. Occupancy standards apply; however, if you have a medical condition or disability verified by a doctor; pregnancy verified by a doctor; joint custody or visitation; any other qualified condition as approved by the Service Manager, you may request additional bedrooms provided the following items are met.
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- For family housing, in order to qualify for an additional bedroom(s), you will require a legal document (i.e. custody order, lawyer's letter, Affidavit) stating that you have the following:
- 
- For visitation rights:
- Visiting rights with respect to your child(ren), and;
- It is a condition of your visiting rights that you provide adequate accommodation for your child(ren) when they stay overnight, and;
- Your child(ren) stay overnight frequently, and;
- You require an additional bedroom(s) to accommodate your child(ren).
- 
- For joint custody:
- A member of the household has joint custody over a child(ren), who is not a member of the household, and;
- The member is required to provide accommodation for the child(ren), and;
- The bedroom is required to accommodate the child(ren).

### Accommodation unit size request:

Bachelor  1 bedroom  2 bedroom  3 bedroom  4 bedroom  5 bedroom

I/We require a ground floor unit or elevator access for health-related reasons

yes  no

Additional comments if any:

# 10. Housing Location Request

Check all of the housing communities that you are interested in; the more choices you make, the sooner you may be offered housing.

**Seniors 65+**

St. Paul's Court 100 Robinson St., Simcoe <input type="checkbox"/>	Lynn View Terrace 85 Argyle St., Simcoe <input type="checkbox"/>	Brantwood Villa 1 Robert Dell Court, Cayuga <input type="checkbox"/>
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**Seniors 60+**

91 Oak St., Simcoe <input type="checkbox"/>	20 Scott Ave., Simcoe <input type="checkbox"/>	503 Main St. E., Dunnville <input type="checkbox"/>
Del Gold Villa 283 William St., Delhi <input type="checkbox"/>	38 Erie Ave., Port Rowan (Building #40) <input type="checkbox"/>	11 Arthur St., Simcoe (bachelor also available) <input type="checkbox"/>

**Seniors & Adults (16+) 1 bedroom**

68 Selkirk St., Caledonia <input type="checkbox"/>	243 Western Ave., Delhi <input type="checkbox"/>	54 William St., Delhi <input type="checkbox"/>
400 Queen St. E., Dunnville <input type="checkbox"/>	39 Nichol St., Waterford <input type="checkbox"/>	109 King St. E., Hagersville <input type="checkbox"/>
219 Regent Ave., Port Dover <input type="checkbox"/>	38 Erie Ave., Port Rowan (Building #42) <input type="checkbox"/>	440 Queen St. E., Dunnville (bachelor also available) <input type="checkbox"/>
Kent Park, Maranatha Gardens (Apartments) 368 Queen St. N., Simcoe <input type="checkbox"/>	South & Metcalfe 265 Metcalfe St. S., Simcoe <input type="checkbox"/>	

**Family Housing 2 bedroom**

Queen/Main St.'s., Dunnville <input type="checkbox"/>	Erie Park Place 38 Erie Ave., Port Rowan <input type="checkbox"/>	Thompson Creek Court 550 George St., Dunnville <input type="checkbox"/>
South & Metcalfe 265 Metcalfe St. S., Simcoe <input type="checkbox"/>	Oakwood Ave./Ashton Dr., Simcoe <input type="checkbox"/>	Kent Park, Maranatha Gardens (Apartment) 368 Queen St. N., Simcoe <input type="checkbox"/>
Kin Villa 141 Windham St., Simcoe <input type="checkbox"/>		

**Family Housing 3 bedroom +**

Banstead/Gibraltar St.'s., Delhi <input type="checkbox"/>	Elizabeth Crescent, Dunnville <input type="checkbox"/>	Thompson Creek Court 550 George St., Dunnville <input type="checkbox"/>
Queen/Main St.'s., Dunnville <input type="checkbox"/>	Erie Park Place 38 Erie Ave., Port Rowan <input type="checkbox"/>	Victoria Place Austin Crescent, Simcoe <input type="checkbox"/>
South & Metcalfe 265 Metcalfe St. S., Simcoe <input type="checkbox"/>	Oakwood Ave./Ashton Dr., Simcoe <input type="checkbox"/>	Kent Park, Maranatha Gardens (Townhouses) 368 Queen St. N., Simcoe <input type="checkbox"/>
Kin Villa 141 Windham St., Simcoe <input type="checkbox"/>		

**Second Stage Housing**

Quetzal Family Homes 269 Metcalfe St. S., Simcoe <input type="checkbox"/>
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**Other Supportive Housing**

Canadian Mental Health Association, Haldimand-Norfolk Branch, Simcoe <input type="checkbox"/>
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## 11. Application for Special Priority Status – Human Trafficking or Abuse

Special priority status is intended to assist victims of human trafficking or family violence separate permanently from their abuser. Complete the separate “Request for Special Priority Form” only if you are applying for priority because of human trafficking or because someone you live with, or have lived with in the past 3 months, is abusing you. The form is available on the website [www.hnhss.ca](http://www.hnhss.ca)

- I am applying for special priority status
- I have attached the completed form and supporting documentation.

## 12. Declaration, Conditions and Consent

I/We, the undersigned, acknowledge, understand and agree that:

1. I/We have reported all income received and all assets currently owned and assets transferred within the last three years by every member of the household, including income not taxed by Canada Customs and Revenue Agency (CCRA) (e.g. child support, DVA, etc.). The most recent copy of an applicant's Income Tax Form or Notice of Assessment must be submitted with this application.
2. **FALSIFICATION OF ANY OF THE INFORMATION** given by me/us may be cause for **NON-ACCEPTANCE** of this application. I/We hereby certify that the information contained on this application for tenancy is true and accurate.
3. The application and any supporting documents become the property of the Corporation of Norfolk County. Copies of the application and supporting documents may be given to housing providers that I/we have selected for placement on the waiting lists in locations where I/we wish to live.
4. If rental accommodation is provided to me/us it will be occupied by only me/us and only the persons listed on this application.
5. This application does not constitute an agreement on the part of the Corporation of Norfolk County or any of its housing providers or any organization that will process this application and/or offer subsidized housing to me/us to provide, me/us with rental accommodation.
6. Any occupancy granted as a result of this application is subject to the present tenant vacating the premises, if and when offered. I/we agree to waive any claim for damages against the Corporation of Norfolk County, any housing provider, or any organization that will process this application and/or offer subsidized housing to me/us, Landlord or Agents for any and all losses that accrue to me/us resulting from the present tenant not vacating the premises offered to me/us at the time previously indicated by the present tenant.
7. Each household member named in this application must be a Canadian Citizen, Landed Immigrant, Indigenous Status, Refugee or have Refugee Claimant status, with no outstanding deportation, departure or exclusion order in effect, or has made application for permanent residency under the Immigration and Refugee Act. (Proof of Residency Status or completed application must accompany the application.)
8. No member of the household named in this application has been convicted of misrepresentation of income or found by the Ontario Rental Housing Tribunal to have misrepresented their income for the purpose of receiving rent geared-to-income housing within the last two years.
9. Any member of the household named in this application must not owe rent or damage charge arrears to any federally, provincially or municipally funded housing groups in Ontario, or must be actively adhering to an approved repayment schedule. I/ we acknowledge and understand that arrears information will be shared among other provincial Service Managers.
10. Any member of the household named in this application who owns residential property suitable for year-round occupancy agrees to sell it within six months of being housed.
11. At least one member of the household must be 16 years old or older and able to live independently and that proof of age must accompany the application for all household members listed on the application.
12. All members of the household who are 16 years of age or older, must sign the application and consent, and, if housed, all other forms and documents required by the provider or; have it signed on their behalf by an approved designate - parent, guardian, person with power of attorney or authorization. (Proof of Age must accompany the application.)
13. The number of bedrooms allocated to a household is dependent on the number of persons in the family for subsidized housing.

14. Any member of the household applying for subsidized housing must make reasonable efforts to pursue income entitled to receive such as income under the Ontario Works Act 1997; Divorce Act (Canada); Employment Insurance Act (Canada); financial undertakings given under the Immigration Act i.e. Sponsorship (Canada); and any pension or other benefit entitlement from the Provincial and Federal government. Failure to make a reasonable effort to pursue such income may result in cancellation of your application, removal from the Waiting List and, if housed, cancellation of subsidized rent.

EXCEPT: Special priority RGI household member(s) MAY NOT be required to pursue the specified incomes if the pursuit of the income will place member(s) safety at risk.

15. All members of the household assume the responsibility to inform and must report any change in the information provided in this application to the Corporation of Norfolk County or its delegated agent in writing and if housed to the housing provider within 30 business days of the change occurring (i.e. change of address, phone number, family size, type or amount of income/assets). Failure to report changes may result in the cancellation of your application and removal from the Waiting List and if housed cancellation of subsidized rent.

16. The household will comply with any other eligibility governing social housing application and tenancy in Ontario as amended from time to time.

17. The undersigned consents to the disclosure and/or transfer of information given on this form and attachments to Corporation of Norfolk County or its delegated agent. The undersigned further consents to:

a) The exchange of information between the Corporation of Norfolk County or its delegated agent and the party/parties providing supporting documentation/information on behalf of the applicant(s), for the purpose of verifying the validity and accuracy of this information.

b) The disclosure of information contained in this application and associated documents and verifications for the purpose of processing the application including, but not limited to, determining the eligibility of the household for subsidized housing, determining the size and type of unit in respect of which the household is eligible to receive subsidized housing, determining the placement of the household on waiting lists and determining the amount of geared-to-income rent payable by the household.

18. Any information contained on this form or in attachments is collected by the Corporation of Norfolk County or its delegated agent pursuant to the Housing Services Act, 2011. Inquiries relating to this collection should be directed to the Program Manager Housing Services, the Corporation of Norfolk County, Health & Social Services Department at 12 Gilbertson Drive, P.O. Box 570, Simcoe, Ontario N3Y 4N5. This information will be used to determine eligibility of housing applied for, continuation of housing and may be used for the appropriate geared-to-income rent / housing charge and other purposes allowed by law.

19. Pursuant to the Housing Services Act, 2011; I/we give my/our consent and authorization to the Corporation of Norfolk County or its delegated agent:

a) To make inquiries to verify the information given in this application and I/we authorize any person, corporation or any social agency having knowledge of any such required information to release the information to the Corporation of Norfolk County or its delegated agent. I/We agree to provide any supporting material required for my/our application;

b) To disclose the information given on this form to non-profit housing corporations, local housing corporation, the Social Housing Manager and other municipal, provincial and federal departments and agencies that assist in the provision of affordable housing and social agencies providing social assistance to me/us and persons listed on this application.

20. I/We, the undersigned, understand that any member of the household may make a request for an internal review of certain decisions made with which I/we do not agree regarding this application for housing and if housed, regarding the subsidized tenancy under the following conditions:

a) the request for an internal review is made in writing within 10 business days of receiving the decision, and

b) the request is in regard to a decision made with respect to the:

- type of accommodation for the household
- category the household has been placed on the Waiting List
- amount of geared-to-income rent payable
- deferral of geared-to-income rent payable
- determination that the household is ineligible for rent geared-to-income assistance and/or special needs housing.

21. Please ensure the following information is included with your application:

- a copy of every birth certificate for all household members on the application
- a copy of custody and support documentation for household members on the application
- a copy of your most recent income tax return
- the most recent copy of all income stubs/information for the household.

22. I/We hereby release the Corporation of Norfolk County or its delegated agent, all housing providers, any employee, officer, agent or contractor from any liability or claim arising from the collection, storage use or dissemination of any information received or collected pursuant to this Declaration, Release and Consent to Information.

23. In the event that I/we are provided with rental accommodation as a result of my/our application, I/we acknowledge that my/our eligibility shall be reviewed at least every 12 months and that I/we have the same obligation to provide information. In addition, I/we have the same obligations to inform the Corporation of Norfolk County or its delegated agent and my housing provider of any changes in information within 10 business days. In the event that I/we are provided with rental accommodation, this Declaration, Release and Consent to Information shall remain in force and be enforceable against me/us by the Corporation of Norfolk County and its delegated agent and my/our housing provider, in addition to any other obligations with respect to the Declaration, Release and Consent to Information which may be imposed upon or agreed to by me/us.

24. The undersigned and all members of the household, if housed, in consideration of being housed, agree that all provisions of this application shall be equally enforceable by the housing provider and the Corporation of Norfolk County or its delegated agent in the same manner.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Household Member

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Other Household Member

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Other Household Member

All members of the household 16 years of age and over must sign this application.